

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	1EN		01-16-01
<b>O.I.P.E. CLASSIFIER</b>		8	03/07/01
<b>FORMALITY REVIEW</b>	NK	989	3/19/01
<b>RESPONSE FORMALITY REVIEW</b>	LL	909	5-21-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	12/15/2001
Original	12/15/2001
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Claim	Date
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If more than 150 claims or 10 actions  
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